

Effective 5/10/2016

26-37a-102 Definitions.

As used in this chapter:

- (1) "Ambulance service provider" means:
 - (a) an ambulance provider as defined in Section 26-8a-102; or
 - (b) a non-911 service provider as defined in Section 26-8a-102.
- (2) "Assessment" means the Medicaid ambulance service provider assessment established by this chapter.
- (3) "Division" means the Division of Health Care Financing within the department.
- (4) "Non-federal portion" means the non-federal share the division needs to seed amounts that will support fee-for-service ambulance service provider rates, as described in Section 26-37a-105.
- (5) "Total transports" means the number of total ambulance transports applicable to a given fiscal year, as determined under Subsection 26-37a-104(5).

Amended by Chapter 348, 2016 General Session